



# State of Idaho Emergency Medical Services Bureau

## Provider Application Form



**Level Applied For:** ☐ First Responder ☐ EMT-Basic ☐ Advanced EMT-A (\$35.00 fee) ☐ EMT-Paramedic (\$35.00 fee)

**Type:** ☐ Initial ☐ Recertification (\$25.00 fee for AEMT-A and EMT-P) ☐ Reinstatement ☐ Reversion ☐ Ambulance Rating (complete back) ☐ Reciprocity

### Applicant Information:

Social Security # \_\_\_\_\_ - - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_ DL State \_\_\_\_\_

Name \_\_\_\_\_ Gender ☐ F ☐ M  
Last Name First Name Middle Name/Initial

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

### Affiliation:

Agency Name \_\_\_\_\_ Agency License # \_\_\_\_\_

Agency Chief/Director/President \_\_\_\_\_  
Signature Printed Name

Additional Licensed EMS Affiliations: \_\_\_\_\_

Check all circumstances in which you will use this certification: Volunteer Career  
☐ True ☐ Full Time  
☐ Compensated ☐ Part Time

### Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho.

Signature of Applicant \_\_\_\_\_

Date signed \_\_\_\_\_

### For Bureau Use Only

Received in RO Complete

CHC Scan Date (PROV) \_\_\_\_\_

CHC Complete Date (FULL) \_\_\_\_\_

Course # \_\_\_\_\_

NR Written Date \_\_\_\_\_

NR Practical Date \_\_\_\_\_

Ambulance Rating ( if AEMTA)

Date \_\_\_\_\_ Included ☐

Cert. Fee Rcvd Date \_\_\_\_\_

Approval Date/Initial \_\_\_\_\_

Entered into Database \_\_\_\_\_

Date Sent to CO \_\_\_\_\_

Previous ID State Certification ☐

Received in Co Complete

### First Responder/Basic

| Test Date  | Expiration |
|------------|------------|
| 4/03-9/03  | 9/30/2006  |
| 10/03-3/04 | 3/31/2007  |
| 4/04-9/04  | 9/30/2007  |
| 10/04-3/05 | 3/31/2008  |
| 4/05-9/05  | 9/30/2008  |
| 10/05-3/06 | 3/31/2009  |
| 4/06-9/06  | 9/30/2009  |
| 10/06-3/07 | 3/31/2010  |
| 4/07-9/07  | 9/30/2010  |
| 10/07-3/08 | 3/31/2011  |
| 4/08-9/08  | 9/30/2011  |

### Advanced, Intermediate and Paramedic

# FIRST RESPONDER Recertification Education Record

Applicant Name: \_\_\_\_\_

All recertification requirements must be completed between the effective date and the expiration date of the current certification.  
Recertification requires completion of **one** of three options below:

- ☐ 1) An EMS Bureau approved First Responder Refresher Course and 6 hours of continuing education including CPR proficiency,

First Responder Refresher Course Approval Number: \_\_\_\_\_ Completion Date \_\_\_\_\_ Instructor: \_\_\_\_\_

- ☐ 2) A traditional EMT-Basic Refresher Course and CPR proficiency.

EMT-Basic Refresher Course Approval Number: \_\_\_\_\_ Completion Date \_\_\_\_\_ Instructor: \_\_\_\_\_

- ☐ 3) After December 31, 2006 successfully complete NREMT computer adaptive test at a Pearson Vue testing center and complete 6 hours of continuing education including CPR proficiency. Attach proof of NREMT Exam pass.

## Continuing Education

| Course Topic                          | Instructor | Date | Hours | Course Topic | Instructor | Date | Hours |
|---------------------------------------|------------|------|-------|--------------|------------|------|-------|
| CPR Proficiency                       |            |      |       |              |            |      |       |
| 1&2 Rescuer Adult/Child/Infant,       |            |      |       |              |            |      |       |
| Airway obstruction adult/child/infant |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
|                                       |            |      |       |              |            |      |       |
| <b>Total</b>                          |            |      |       | <b>Total</b> |            |      |       |